

<b>COLORADO DEPARTMENT OF TRANSPORTATION OJT TRAINING QUESTIONNAIRE</b>		Project No.:		Project Code (SA#):	
		Project Location:			Date: / /

Contractor's Name:					
Trainee's Name:				Worker Classification:	
Trainee's Address:				Telephone No.:	
Trainee's Social Security No.:		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian Am. <input type="checkbox"/> Other	

Have you ever received any apprenticeship training under any type of program before beginning this program? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
If yes, where?	
When did you enter the current program? Month:                      Year:	
In what type of training program are you enrolled?	
<input type="checkbox"/> Colorado Contractor's Association <input type="checkbox"/> Contractors OJT Program <input type="checkbox"/> Union Apprenticeship Program <input type="checkbox"/> Other:	
How did you learn about the program?	
<input type="checkbox"/> Contractor <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Union <input type="checkbox"/> Other:	
When you entered your training, did anyone explain the program to you? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
If yes, explain:	
Did you receive a copy of your training program? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
Which of the following aspects of the training program were explained to you?	
<input type="checkbox"/> Training Hours <input type="checkbox"/> Type of Training <input type="checkbox"/> Training Wages <input type="checkbox"/> Job Choices <input type="checkbox"/> Entry Wages	
Did you understand the training program discussed with you? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
If no, explain:	
What is your current stage of training?	
<input type="checkbox"/> 25% <input type="checkbox"/> 80% <input type="checkbox"/> 60% <input type="checkbox"/> 90%	
How many hours of training do you receive each week?	
On-Job-Site Training:                      hours/week Classroom Training:                        hours/week	
Are you keeping a record of your training hours? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
Do you believe proper training is being given? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
If no, explain:	
Does the job superintendent, trainer, or foreman show interest in helping you reach your goal of journeyman? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
Do you have any problems that may interfere with your training? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
If yes, explain:	
Have you ever received any type of counseling from the apprenticeship counselor or another? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
If yes, explain:	
Do you know the name of your trainer? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
If yes, what is the name of your trainer?	

Interviewer's Signature:		Date: / /	
Trainee's Signature:		Date: / /	